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EXAMINER

RANGREJ, SHEETAL

ART UNIT PAPER NUMBER

3626

DATE MAILED: 11/01/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

Office Action Summary

Application No.

10/608,254

Applicant(s)

BALOGH, MARY

Examiner

Sheetal R. Rangrej

Art Unit

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 10-16-2006.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-17 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-17 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☒ The specification is objected to by the Examiner.
- 10) ☒ The drawing(s) filed on 27 June 2003 is/are: a) ☐ accepted or b) ☒ objected to by the Examiner.
- Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
- Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
- ☐ Certified copies of the priority documents have been received.
 - ☐ Certified copies of the priority documents have been received in Application No. _____.
 - ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- 1) ☒ Notice of References Cited (PTO-892)
- 2) ☐ Notice of Draftperson's Patent Drawing Review (PTO-948)
- 3) ☒ Information Disclosure Statement(s) (PTO/SB/08)
Paper No(s)/Mail Date 06/27/2003.
- 4) ☐ Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____.
- 5) ☐ Notice of Informal Patent Application
- 6) ☐ Other: _____.

Prosecution Summary History

- Claims 1-17 are pending.

DETAILED ACTION

Drawings

1. The drawings are objected to as failing to comply with 37 CFR 1.84(p)(5) because of the following: they include the following reference character(s) not mentioned in the description: "113" in figure 1; and they do not include the following reference sign(s) mentioned in the description: "415" (page 16, lines 12 and 13); "101" (page 16, line 27); "703" (page 18, lines 30 and 31; page 19, line 1). Corrected drawing sheets in compliance with 37 CFR 1.121(d), or amendment to the specification to add the reference character(s) in the description in compliance with 37 CFR 1.121(b) are required in reply to the Office action to avoid abandonment of the application. Any amended replacement drawing sheet should include all of the figures appearing on the immediate prior version of the sheet, even if only one figure is being amended. Each drawing sheet submitted after the filing date of an application must be labeled in the top margin as either "Replacement Sheet" or "New Sheet" pursuant to 37 CFR 1.121(d). If the changes are not accepted by the examiner, the applicant will be notified and informed of any required corrective action in the next Office action. The objection to the drawings will not be held in abeyance.

Specification

2. The specification is objected to as failing to provide proper antecedent basis for the claimed subject matter. See 37 CFR 1.75(d)(1) and MPEP § 608.01(o). Correction of the following is required: "employing said statistics" (claim 11).

Claim Rejections - 35 USC § 112

3. The following is a quotation of the second paragraph of 35 U.S.C. 112:

The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

4. Claims 5 and 12 are rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

5. Claim 5 recites a method wherein a "predetermined nonpayment code set includes fewer codes than a code set used to derive said received nonpayment code."

The examiner is unable to determine how a predetermined nonpayment code set includes fewer codes than a code set used to derive said received nonpayment code.

For examining purposes, the examiner will interpret that one predetermined nonpayment code may be used for more than one received nonpayment code.

6. Claim 12 recites the phrase "whether said rejected claim data was denied or rejected." Rejected claim data could never be denied; claim data is either rejected or denied. For examining purposes, the examiner will interpret claim data to be classified as either denied or rejected.

Claim Rejections - 35 USC § 102

7. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(a) the invention was known or used by others in this country, or patented or described in a printed publication in this or a foreign country, before the invention thereof by the applicant for a patent.

(e) the invention was described in (1) an application for patent, published under section 122(b), by another filed in the United States before the invention by the applicant for patent or (2) a patent granted on an application for patent by another filed in the United States before the invention by the applicant for patent, except that an international application filed under the treaty defined in section 351(a) shall have the effects for purposes of this subsection of an application filed in the United States only if the international application designated the United States and was published under Article 21(2) of such treaty in the English language.

8. Claims 1-2, 12-14, and 16-17 are rejected under 35 U.S.C. 102(e) as being unpatentable by Provost et al. (U.S. Patent 6,341,265).

9. As per claim 1, the '265 patent teaches a method for processing claim data comprising the steps of:

- a. Selecting an activity code from a predetermined activity code set identifying processing to be performed concerning claim data (column 6, lines 2-11). In light of the specification, the examiner interprets the "diagnosis code and the treatment code" to be the same as an activity code from a predetermined set of codes.
- b. Assigning said selected activity code (column 6, lines 4-5) to rejected (column 4, lines 24-27; column 13, lines 45-54) claim data.

c. Scheduling a task comprising performing processing concerning said rejected claim data to derive corrected claim data including at least one: amended rejected claim data (column 4, lines 27-35).

d. Preparing said corrected claim data for submission to a payer organization (column 4, lines 35-38).

10. As per claim 2, the '265 patent teaches the method of claim 1 is as described above. The '265 patent further teaches a set of codes identifying a nonpayment reason comprising at least one of: a rejection activity code and a denial activity code (column 10, lines 53-63).

11. As per claim 12, the method of claim 1 is as described above.

The '265 patent further teaches determining from said notification whether said rejected claim data was denied or rejected (Provost: column 6, lines 12-15). In light of the specification, the examiner interprets "determination of the submitted claim will not be paid by an insurer" to be the same as a rejected claim data.

The '265 patent further teaches selecting a first activity code (column 6, lines 2-7) in response to a denial notification and a different second activity code (column 6, lines 2-7) in response to a rejection notification (Provost: column 4, lines 7-16 and lines 52-55). In light of the specification, the examiner interprets "diagnosis code" to represent "first activity code" and "treatment code" to represent "second activity code." In light of the specification, the examiner also interprets "feedback almost immediately

to the medical technician specifying whether a submitted claim is in condition to be paid" to be the same as a notification for either a denial or a rejected claim.

12. As per claim 13, the method of claim 1 is as described above.

The '265 patent further teaches said method steps are performed automatically and at least one of excluding manual intervention (Provost: column 6, lines 47-62) by one or more healthcare workers.

13. As per claim 14, the method for processing claim data comprising the steps of:

- a. Identifying a nonpayment code, associated with a predetermined nonpayment code set (Provost: column 10, lines 57-63). In light of the specification, the examiner interprets the "informing that the treatment code is inconsistent" to be the same as identifying a nonpayment activity code.
- b. Selecting an activity code from a predetermined activity code set identifying processing to be performed concerning claim data (column 6, lines 2-11). In light of the specification, the examiner interprets the "diagnosis code and the treatment code" to be same as an activity code from a predetermined set of codes.
- c. Assigning said selected activity code (column 6, lines 4-5) to rejected (column 4, lines 24-27; column 13, lines 45-54) claim data.
- d. Scheduling a task comprising performing processing concerning said rejected claim data to derive corrected claim data including at least one: amended rejected claim data (column 4, lines 27-35).

- e. Preparing said corrected claim data for submission to a payer organization (column 4, lines 35-38).
14. As per claim 16, the method of claim 14 is as described above. The '265 further teaches predetermined nonpayment code set compatible with a HIPAA standard code set (column 6, lines 2-6). According to HIPAA law, the term 'code set' means any set of codes used for encoding data elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes.
15. As per claim 17, the '265 patent teaches a system for processing claim data for reimbursement of provision of healthcare to a patient in response to rejection, denial, or lack of response to a submitted claim, comprising:
- a. A workflow processor for,
 - (1) Selecting an activity code from a predetermined activity code set including a plurality of codes identifying processing to be performed concerning rejected claim data in response to a received notification of claim denial or rejection (column 6, lines 2-11);
 - (2) Assigning said selected activity code (column 6, lines 4-5) to rejected claim data (column 4, lines 24-27; column 13, lines 45-54) associated with said received notification;
 - (3) Scheduling a task comprising performing processing concerning said rejected claim data to derive corrected claim data including at least one (b) amended rejected claim data (column 4,

lines 27-35), in response to said assigned selected activity code;

and

(4) An interface processor for preparing said corrected claim data for submission to a payer organization for payment (column 7, lines 20-27).

Claim Rejections - 35 USC § 103

16. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

17. Claims 3-5 and 15 are rejected under 35 U.S.C. 103(a) as being unpatentable over Provost et al. (U.S. Patent 6,341,265) in view of Giannini (U.S. Patent 5,915,241).

18. As per claim 3, the '265 patent teaches the method of claim 1 as described above. The '265 patent further teaches receiving a nonpayment code comprising at least one of: a rejection code and a denial code (Provost: column 10, lines 57-63). The specification defines the standard activity code for the rejection or denial communications is otherwise referred to as a predetermined nonpayment activity code, a known activity code, a public activity code, an industry activity code, an open activity code, and the like (page 9, lines 31-33 and page 10, line 1). In light of the specification, the examiner interprets the "informing that the treatment code is inconsistent" to be the same as receiving a nonpayment activity code.

The '265 patent does not teach said selecting step comprises interpreting said received nonpayment code to determine from said predetermined activity code set, an activity code compatible with said nonpayment code.

The '241 patent teaches said selecting step comprises interpreting said received nonpayment code to determine from said predetermined activity code set, an activity code compatible with said nonpayment code (Giannini: column 9, lines 61-67 and column 10, lines 1-6). In light of the specification, the examiner interprets the Alternative Billing Code to be the same as nonpayment code.

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time of the invention was made to combine patents '265 and '241 teachings. One of ordinary skill would have been motivated to combine these teachings because Giannini discloses that "as alternative medicine is brought into mainstream medicine, alternative providers have attempted to use these codes, but their claims are not understood by the payers because accurate descriptions of the services they perform do not exist therein. Furthermore, ICD-9-CM and CPT codes do not identify the practitioner by profession. For these reasons, "dummy billing codes" or codes designed by individual payers to cope with payment for alternative treatments have been developed by a few carriers which offer payment benefits to alternative medicine" (Giannini: column 1, lines 63-67 and column 2, lines 1-6).

19. As per claim 4, the '265 patent teaches the method of claim 1 as described above. The '265 patent further teaches receiving a nonpayment code comprising at

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least one of: a rejection code (Provost: column 10, lines 57-63). The specification defines the standard activity code for the rejection or denial communications is otherwise referred to as a predetermined nonpayment activity code, a known activity code, a public activity code, an industry activity code, an open activity code, and the like (page 9, lines 31-33 and page 10, line 1). In light of the specification, the examiner interprets the "informing that the treatment code is inconsistent" to be the same as receiving a rejected nonpayment activity code.

The '265 patent does not teach interpreting said received nonpayment code and translating said interpreted received nonpayment code to a code compatible with said nonpayment code set employed by an organization.

The '241 patent teaches interpreting said received nonpayment code and translating said interpreted received nonpayment code to a code compatible with a predetermined nonpayment code set employed by an organization (Giannini: column 9, lines 61-67 and column 10, lines 1-6). In light of the specification, the examiner interprets the Alternative Billing Code to be nonpayment code.

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time of the invention was made to combine patents '265 and '241 teachings. One of ordinary skill would have been motivated to combine these teachings because Giannini discloses that as alternative medicine is brought into mainstream medicine, alternative providers have attempted to use these codes; but their claims are not understood by the payers because accurate descriptions of the services they perform do

not exist therein. Furthermore, ICD-9-CM and CPT codes do not identify the practitioner by profession. For these reasons, "dummy billing codes" or codes designed by individual payers to cope with payment for alternative treatments have been developed by a few carriers which offer payment benefits to alternative medicine (Giannini: column 1, lines 63-67 and column 2, lines 1-6).

20. As per claim 5, the method of claim 4 is as described above.

The '265 patent does not teach predetermined nonpayment code set includes fewer codes than a code set used to derive said received nonpayment code.

The '241 patent teaches predetermined nonpayment code set (column 1, lines 53-62) includes fewer codes (column 2, lines 13-16) than a code set used to derive said received nonpayment code (column 2 lines 1-8). In light of the specification, the examiner interprets "CPT codes", "codes by individual payers", and "description codes" to be the same as a nonpayment code. The examiner also interprets "description codes are not comprehensive and fail to account for all services" to be the same as the predetermined description code set (nonpayment code) to be fewer than the received service codes.

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time of the invention was made to combine '265 and '241 teachings. One of ordinary skill would have been motivated to combine these teachings because Giannini discloses that in cases where certain specialties perform procedures which cross many sub-specialties, the procedures fall into more than one of the numerated rubrics of CPT

codes and the burden on the practitioner to learn the proper classification becomes particularly undue (column 3, lines 14-20).

21. As per claim 15, the method of claim 14 is as described above.

The '265 patent further teaches receiving a nonpayment code comprising at least one of: a rejection code and a denial code (Provost: column 10, lines 57-63). The specification defines the standard activity code for the rejection or denial communications is otherwise referred to as a predetermined nonpayment activity code, a known activity code, a public activity code, an industry activity code, an open activity code, and the like (page 9, lines 31-33 and page 10, line 1). In light of the specification, the examiner interprets the "informing that the treatment code is inconsistent" to be the same as receiving a nonpayment activity code.

The '265 patent does not teach interpreting said received nonpayment code and translating said interpreted received nonpayment code to a code compatible with said nonpayment code set employed by an organization.

The '241 patent teaches interpreting said received nonpayment code and translating said interpreted received nonpayment code to a code compatible with a predetermined nonpayment code set employed by an organization (Giannini: column 9, lines 61-67 and column 10, lines 1-6). In light of the specification, the examiner interprets the Alternative Billing Code to be nonpayment code.

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time of the invention was made to combine Provost and Giannini's teachings.

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One of ordinary skill would have been motivated to combine these teachings because Giannini discloses that as alternative medicine is brought into mainstream medicine, alternative providers have attempted to use these codes; but their claims are not understood by the payers because accurate descriptions of the services they perform do not exist therein. Furthermore, ICD-9-CM and CPT codes do not identify the practitioner by profession. For these reasons, "dummy billing codes" or codes designed by individual payers to cope with payment for alternative treatments have been developed by a few carriers which offer payment benefits to alternative medicine (Giannini: column 1, lines 63-67 and column 2, lines 1-6).

22. Claims 6-10 are rejected under 35 U.S.C. 103(a) as being unpatentable over Provost et al. (U.S. Patent 6,341,265) in view of Diamant et al. (U.S. Patent 5,530,861).

23. As per claim 6, the method of claim 1 is as described above.

The '265 patent does not teach assigning a time and date identifier to rejected claim data indicating a time and date indicative of *at least one* of (a) a time and date associated with scheduling a task comprising performing processing concerning said rejected claim data, (b) a time and date associated with processing said received notification of claim denial or rejection, (c) a time and date associated with receiving notification of claim denial or rejection, and (d) a time and date identifying expiration of a period assigned to complete performance of said processing concerning said rejected claim data.

The '861 teaches assigning a time and date identifier to rejected claim data indicating a time and date indicative of *at least one* of (d) a time and date identifying expiration of a period assigned to complete performance of said processing concerning said rejected claim data (Diamant: column 6, lines 18-24).

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time of the invention was made to combine Provost and Diamant's teachings. One of ordinary skill would have been motivated to combine these teachings because "current tools are limited in that they do not define hooks to the actual work performed or to project management tools. For example, they cannot automatically track time spent executing tasks (Diamant: column 1, lines 28-33)."

24. As per claim 7, the method of claim 1 is as described above.

The '265 patent does not teach assigning a time and date identifying expiration of a period assigned to complete performance of said processing concerning said rejected claim data and initiating generation of a message alerting a user at least one of said period is due to expire at said time and date or said period has expired.

The '861 teaches assigning a time and date identifying expiration of a period assigned to complete performance of said processing concerning said rejected claim data (column 6, lines 18-20) and initiating generation of a message alerting a user at least one of said period is due to expire at said time and date (column 6, lines 20-24) or said period has expired.

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time of the invention was made to combine Provost and Diamant's teachings. One of ordinary skill would have been motivated to combine these teachings because "current tools are limited in that they do not define hooks to the actual work performed or to project management tools. For example, they cannot automatically track time spent executing tasks. Additionally, tools are limited because they do not include triggers for automatically initiating actions in the computing environment based on the task (Diamant: column 1, lines 28-38)."

25. As per claim 8, the method of claim 1 is as described above.

The '265 patent does not teach collating data by at least one of payer organization or reason for claim rejection or denial.

The '861 patent teaches collating data by at least one of payer organization (column 15, lines 13-21). In light of the specification, the examiner interprets "selection of a filter and applying the filter" to be the same as "collating data by payer organization."

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time of the invention was made to combine Provost and Diamant's teachings. One of ordinary skill would have been motivated to combine these teachings because Provost discloses that "delivery of health care services has shifted from individual physicians to large managed health maintenance organizations. This shift reflects the growing number of medical, dental, and pharmaceutical specialists in a complex variety

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of health care options and programs. This complexity and specialization has created large administrative systems that coordinate health care providers, administrators, patients, payers, and insurers (Provost: column 1, lines 14-30).

26. As per claim 9, the method of claim 1 is as described above.

The '265 patent does not teach collating rejected claim data by at least one of payer organization, assigned activity code, or type of request for information indicated in a corresponding notification.

The '861 patent teaches collating rejected claim data by at least one of payer organization (column 15, lines 13-21). In light of the specification, the examiner interprets "rejected claim data" to be attached with a task that needs to be performed to resubmit the claim; therefore, the filter, payer organization, is applied to the tasks.

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time of the invention was made to combine Provost and Diamant's teachings. One of ordinary skill would have been motivated to combine these teachings because Provost discloses that "delivery of health care services has shifted from individual physicians to large managed health maintenance organizations. This shift reflects the growing number of medical, dental, and pharmaceutical specialists in a complex variety of health care options and programs. This complexity and specialization has created large administrative systems that coordinate health care providers, administrators, patients, payers, and insurers (Provost: column 1, lines 14-30)."

27. As per claim 10, the method of claim 1 is as described above.

The '265 patent does not teach acquiring statistics concerning at least one of, (a) type and frequency of claim rejections, (b) type and frequency of claim denials, (c) data identifying success rate of first time claims submissions for an individual payer, (d) data indicating a time duration expected for processing of a submitted claim for an individual payer, (e) data indicating a time duration expected for processing a non-paid claim until re-submission and (f) data identifying a proportion of non-recoverable claims for an individual payer.

The '861 patent teaches acquiring statistics concerning at least one of, (d) data indicating a time duration expected for processing of a submitted claim for an individual payer (Diamant: column 6, lines 13-17).

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time of the invention was made to combine Provost and Diamant's teachings. One of ordinary skill would have been motivated to combine these teachings because "many claims are subject to multiple submission and adjudication cycles, as they are successively created, rejected, and amended. Each cycle may take several weeks or more, and the resulting duplication of effort decreases the efficiency of the health care system" (column 2, lines 42-49) and therefore acquiring the statistics will help understand the amount of time it takes to successfully submit a claim.

28. As per claim 11, the method of claim 10 is as described above.

The '265 patent does not teach employing said statistics to at least one of modify processing of said rejecting claim data or create a statistical report for an individual payer.

The '861 patent teaches employing said statistics to at least one of modify processing of said rejecting claim data or create a statistical report for an individual payer (Diamant: column 6, lines 13-17). In light of specification, the examiner interprets "tasktimelog file" to be the same as a "statistical report."

Therefore, it would have been prima facie obvious to one of ordinary skill in the art at the time of the invention was made to combine Provost and Diamant's teachings. One of ordinary skill would have been motivated to combine these teachings because "many claims are subject to multiple submission and adjudication cycles, as they are successively created, rejected, and amended. Each cycle may take several weeks or more, and the resulting duplication of effort decreases the efficiency of the health care system" (column 2, lines 42-49) and therefore employing the statistics will help understand the amount of time it takes to successfully submit a claim.

Conclusion

Any inquiry concerning this communication or earlier communications from the examiner should be directed to Sheetal R. Rangrej whose telephone number is 571-270-1368. The examiner can normally be reached on 5/4/9.

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If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Patrick J. Nolan can be reached on 571-272-0847. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

SRR



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